

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:

Lehman Brothers Holdings Inc.,

Debtor.

Chapter 11

Case No. 08-13555 (JMP)

**NOTICE OF TRANSFER OF CLAIM OTHER THAN FOR SECURITY
PURSUANT TO RULE 3001(e)(2)**

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001 (e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this notice and attached evidence.

Mr. Harald Berg and Ms. Rita Berg

Name of Transferee

Address of Transferee:

Diersmanns Weg 59
49525 Lengerich
Federal Republic of Germany

Name and Address where notices to transferee
should be sent:

VR-Bank Kreis Steinfurt eG
Matthiasstrasse 30
48431 Rheine
Federal Republic of Germany

Telephone: +49 (0) 5971 406-5161

Attention: Michael Kuhn

Name and Address where transferee payments
should be sent (if different from above):

N/A _____

Telephone: _____

Attention: _____

Evidence of Transfer of Claim is attached as Exhibit 1.

VR-LIW GmbH

Name of Transferor

Claim No.: 55191

Blocking No.: CA13238

Amount of Claim: USD 133,891.26

Date Claim Filed: 10/29/2009



I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: Rita Berg Hamrick
Transferee/Transferee's Agent

Date: 8.6.2016

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 11 U.S.C. §§ 152 & 3571.

Exhibit 1

AGREEMENT AND EVIDENCE OF TRANSFER OF CLAIM
LEHMAN PROGRAM SECURITY

TO: THE DEBTOR AND THE BANKRUPTCY COURT

1. For value received, the adequacy and sufficiency of which are hereby acknowledged, **VR-LIW GmbH**, Gabelsberger Strasse 1a, D-59069 Hamm, Germany (the "Transferor") hereby unconditionally and irrevocably transfers and assigns to **Mr. Harald Berg and Ms. Rita Berg** (the "Transferee"), as of the date hereof, an undivided interest, to the extent of the amount specified in Schedule 1 attached hereto (the "Transferred Claim"), in Transferor's right, title and interest in and to, or arising under or in connection with **Proof of Claim Number 55191, Blocking Number CA13238** filed by or on behalf of **VR-LIW GmbH** as Filing Entity on behalf of multiple holders of Lehman Programs (the "Proof of Claim") against Lehman Brothers Holdings, Inc., debtor in proceedings for reorganization (the "Proceedings") in the United States Bankruptcy Court for the Southern District of New York (the "Court"), administered under Case No. 08-13555 (JMP) (the "Debtor"), but only to the extent related to the Transferred Claim. For the avoidance of doubt, the Transferred Claim will not encompass Transferor's rights, title or interests in and to and arising in relation to the Proof of Claim or the security or securities except to the extent specified in Schedule 1 attached hereto.


2. Transferor hereby waives any objection to the transfer of the Transferred Claim to Transferee on the books and records of the Debtor and the Court, and hereby waives to the fullest extent permitted by law any notice or right to receive notice of a hearing pursuant to Rule 3001(e) of the Federal Rules of Bankruptcy Procedure, the Bankruptcy Code, applicable local bankruptcy rules or applicable law, and consents to the substitution of Transferor by Transferee for all purposes in the case, including, without limitation, for voting and distribution purposes with respect to the Transferred Claim. Transferor acknowledges and understands, and hereby stipulates, that an order of the Court may be entered without further notice to Transferor transferring to Transferee the Transferred Claims, recognizing Transferee as the sole owner and holder of the Transferred Claim, and directing that all payments or distributions of money or property in respect of the Transferred Claim be delivered or made to Transferee. Transferor further directs the Debtor, the Bankruptcy Court and all other interested parties that all further notices relating to the Transferred Claim, and all payments or distributions of money or property in respect of the Transferred Claim, shall be delivered or made to the Transferee.

3. Transferor's and Transferee's rights and obligations hereunder shall be governed by and interpreted and determined in accordance with German law.

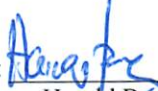
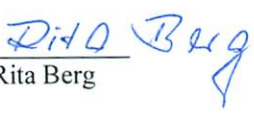
IN WITNESS WHEREOF, this AGREEMENT AND EVIDENCE OF TRANSFER OF CLAIM is

executed as of 8.6., 2016.

VR-LIW GmbH

By: 
Name: Andreas Winkler, ppa.
Title: Manager (Prokurist)
Gabelsbergerstrasse 1a
D - 59069 Hamm
Germany

Harald Berg and Rita Berg

By:  
Name: Harald Berg / Rita Berg
Title: --
Diersmanns Weg 59
D - 49525 Lengerich
Germany

SCHEDULE 1

Transferred Claims

Transferred Portion of Claim

US\$ 133,891.26 of US\$ 272,346.99 relating to Proof of Claim No. 55191, Blocking No. CA13238

Lehman Programs Securities to which Transfer Relates

Description of Security	ISIN/CUSIP	Issuer	Guarantor	Principal/Notional Amount	Coupon	Maturity	Accrued Amount (as of Proof of Claim Filing Date)
Lehman Securities Programs	XS0229584296 Blocking No. CA13238	Lehman Brothers Treasury Co. B.V.	Lehman Brothers Holdings Inc.	EUR 88,000.00 equivalent to US\$ 125,303.20	7,25%	5 Oct 2035	EUR 6,031.37 equivalent to US\$ 8,588.07

Exhibit 2

UNITED STATES BANKRUPTCY COURT, SOUTHERN DISTRICT OF NEW YORK

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et AL
08-13555 (JMP) 0000055191



THIS SPACE IS FOR COURT USE ONLY

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

VR-LIW GmbH as Filing Entity claiming on behalf of multiple holders of Lehman Programs Securities
Gunnar Mängel (General Manager)
Gabelsbergerstraße 1a
59069 Hamm
Germany

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: 4930/25 92 45 314 Email Address: g.maengel@vr-liw.de

Name and address where payment should be sent (if different from above)

VR-LIW GmbH
Gabelsbergerstraße 1a
59069 Hamm

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: +4930/25 92 45 314 Email Address: g.maengel@vr-liw.de

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$272,347.00 (Required)

☒ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0229584296 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

See attached schedule(page 1 to 3) (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

See attached schedule(page 1 to 3) (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:
26 Oct 2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Gunnar Mängel

FOR COURT USE ONLY

FILED / RECEIVED

OCT 29 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Schedule for the notes with the ISIN Code:

XS0229584296

Calculation

Fixed interest rate:	7.25%
Method of interest calculation:	Actual/ Actual
Initial day of reckoning	6 October 2007
Original maturity day:	5 October 2035
Bankruptcy judgement day:	15 September 2008
Days of reckoning:	346
Exchange rate (EUR-USD)*:	1.423900

* The exchange rate of 15 September 2008 is taken from the website www.reuters.com

Amount of Interest= $\frac{\text{Nominal amount} \times 7.25\% \times 346 \text{ days}}{366 \text{ days}}$

Blocking Number	Account Number	Nominal amount in €	Amount of interest in €	Total amount of claim in €:	Total amount of claim in \$:
CA13238	67360	88.000,00 €	6.031,37 €	94.031,37 €	\$ 133.891,26
CA13230	67360	14.000,00 €	959,54 €	14.959,54 €	\$ 21.300,88
CA13237	67360	14.000,00 €	959,54 €	14.959,54 €	\$ 21.300,88
CA13236	67360	30.000,00 €	2.056,15 €	32.056,15 €	\$ 45.644,75
CA13235	67360	7.000,00 €	479,77 €	7.479,77 €	\$ 10.650,44
CA13232	67360	15.000,00 €	1.028,07 €	16.028,07 €	\$ 22.822,37
CA13229	67360	6.000,00 €	411,23 €	6.411,23 €	\$ 9.128,95
CA13239	67360	5.000,00 €	342,69 €	5.342,69 €	\$ 7.607,46
Total		179.000,00 €	12.268,35 €	191.268,35 €	\$ 272.347,00

Reservation of Rights

1. VR-LIW GmbH as Filing Entity claiming on behalf of multiple holders of Lehman Programs Securities ("Claimant") expressly reserves the right to amend or supplement this Claim at any time, in any respect and for any reason, including but not limited to, for the purposes of (a) fixing, increasing, or amending the amounts referred to herein, and (b) adding or amending documents and other information and further describing the claims. Claimant does not waive any right to amounts due for any claim asserted herein by not stating a specific amount due for any such claim at this time, and Claimant reserves the right to amend or supplement this proof of claim, if Claimant should deem it necessary or appropriate, to assert and state an amount for any such claim.

2. This Claim is made without prejudice to the filing by Claimant and any related entities of additional proofs of claim for any additional claims against Lehman Brothers Holdings Inc. ("LBHI") and its affiliated debtors (the "Debtors") and non-debtor entities affiliated with the Debtors of any kind or nature, including, without limitation, claims for administrative expenses, additional interest, late charges, and related costs and expenses, and any and all other charges and obligations reserved under the applicable documents and other transaction documents, and claims for reimbursement in amounts that are not fully ascertainable.

3. The filing of this Claim is not intended to be and shall not be deemed to be or construed as a waiver or release of any right to claim specific assets; any rights of setoff, recoupment, or counterclaim; or any other right, rights of action, causes of action, or claims, whether existing now or hereinafter arising, that Claimant has or may have against LBHI, its affiliated entities or any other person, or persons, and Claimant expressly reserves all such rights.

4. Nothing herein modifies, alters, amends and/or waives any right Claimant may have under applicable law or any agreement or understanding to assert and recover from LBHI, its affiliated entities or any other person or persons, upon rights, claims, and monies.

5. In executing and filing this claim, Claimant does not submit itself to the jurisdiction of this Court for any other purpose than with respect to this Claim. This Claim is not intended to be, and shall not be construed as (i) an election of remedies, (ii) a waiver of any past, present or future defaults, or (iii) a waiver or limitation of any rights remedies, claims or interests of Claimant.

26 OCT 2009

Date



Signature

Gunnar Mängel (General Manager)

VR-LIW GmbH
Gabelsbergerstr. 1a
59069 Hamm
Germany

Registry court: AG Hamm, HRB 6345
VAT-Ident-Number DE262892384

Tel.: +49 30 / 259 245 - 314
Fax: +49 30 / 259 245 - 399
E-Mail: g.maengel@vr-liw.de

FedEx International Air Waybill

1 From: **NEW YORK** Date: **10/28/08** Time: **03:00:32N**

2 To: **BERLIN** Country: **DE** Postal Code: **10001**

3 Shipper's Reference: **NEW YORK**

4 Recipient's Reference: **NEW YORK**

5 Package Description: **357 Third Avenue 3rd Floor**

6 Special Handling: **NO**

7 Insurance: **NO**

8 Payment: **NO**

9 Signature: **NO**

10 Tracking: **NO**

11 Customs Form: **NO**

12 Other: **NO**

13 Remarks: **NO**

14 Total Weight: **100.00**

15 Total Volume: **100.00**

16 Total Value: **100.00**

17 Total Insurance: **100.00**

18 Total Tracking: **100.00**

19 Total Customs: **100.00**

20 Total Other: **100.00**

21 Total Remarks: **100.00**

22 Total: **100.00**

23 Tracking Number: **6678 8932 4839 0405**

24 Barcode: **6678 8932 4839 0405**

25 Signature: **NO**

26 Insurance: **NO**

27 Payment: **NO**

28 Signature: **NO**

29 Insurance: **NO**

30 Payment: **NO**

31 Signature: **NO**

32 Insurance: **NO**

33 Payment: **NO**

34 Signature: **NO**

35 Insurance: **NO**

36 Payment: **NO**

37 Signature: **NO**

38 Insurance: **NO**

39 Payment: **NO**

40 Signature: **NO**

41 Insurance: **NO**

42 Payment: **NO**

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44 Insurance: **NO**

45 Payment: **NO**

46 Signature: **NO**

47 Insurance: **NO**

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96 Payment: **NO**

97 Signature: **NO**

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99 Payment: **NO**

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101 Insurance: **NO**

102 Payment: **NO**

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143 Insurance: **NO**

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149 Insurance: **NO**

150 Payment: **NO**

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153 Payment: **NO**

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156 Payment: **NO**

157 Signature: **NO**

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163 Signature: **NO**

164 Insurance: **NO**

165 Payment: **NO**

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171 Payment: **NO**

172 Signature: **NO**

173 Insurance: **NO**

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185 Insurance: **NO**

186 Payment: **NO**

187 Signature: **NO**

188 Insurance: **NO**

189 Payment: **NO**

190 Signature: **NO**

191 Insurance: **NO**

192 Payment: **NO**

193 Signature: **NO**

194 Insurance: **NO**

195 Payment: **NO**

196 Signature: **NO**

197 Insurance: **NO**

198 Payment: **NO**

199 Signature: **NO**

200 Insurance: **NO**